(d) the number of Government hospitals alongwith the details of the hospitals which are more than thirty years old, State-wise?

THE MIMSTER OF STATE IN THE MIMSTRY OF HEALTH A>©FA^ WELFARE (SHRI A. RAJA): (a) to (c) Health being a State subject, it is the responsibility of the State Governments to provide necessary medical facilities in their respective States according to their need/priorities within the available resources.

(d) Information with regard to the number of Government hospitals more than thirty years old State-wise is not maintained centrally by Ministry of Health and Family Welfare. However, Central Government Hospitals like Dr. Ram Manohar Lohia Hospital, Safdarjung Hospital and Lady Hardinge Medical and its Associated Hospitals, All India Institute of Medical Sciences, JIPMER, Pondicherry and PGI, Chandigarh are more than 30 years old.

Menace of Spurious Drugs

4514. SHRIS.S.AHLUWAL1A:
SHRI GHULAM NABIAZAD:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government are aware that the business of spurious drugs has grown and expanded in menacing proportion all over the country;

(b) if so, the steps taken and/or contemplated for detection of the sources and route of circulation of spurious drugs and counterfeit medicine brands as well as for elimination of this menace;

(c) whether Government are aware of the rampant spurious drugs trade in the State of Jammu & Kashmir; and

(d) if so, the steps taken in this regard?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) Government is aware of the problem of manufacture and sale of spurious drugs. As per the feedback available from the State Licensing Authorities during the period 1999-2000,2000-2001 and 2001-2002,35570,36947 and 38824 samples were tested and out of which 115,112 and 96 samples were found spurious respectively. Thus, there does not appear to be proliferation of spurious drugs in the country.

(b) Since manufacture and sale of spurious drugs is mainly a clandestine activity indulged in by anti-social persons, steps are taken from time to time by enforcement authorities of the States to detect and unearth spurious/fake drugs in the inter-state commerce. Government of India has taken the following steps:

The Drugs Controller General (India) has advised the State Drugs Controllers to take the following measures for curbing the incidence of spurious drugs:

I (i) Constitution/reactivation of the State Drugs Advisory Committee in which various State and industry associations as well consumer association would find representation.

(ii) Establishment of separate intelligence-cum-legal machinery with police assistance. Training should be provided to selected officials of Drugs Control Administration in the modalities of intelligence work, prosecution etc. in respect of spurious/counterfeit drugs.

(iii) To ensure speedy analysis of drug samples by establishing own State level drug testing facilities.

(iv) State Drugs Control Authorities should be cautious while approving licences for drug products to ensure that "look alike" products are not encouraged.

(v) To develop efficient communication facilities and recall procedures.

(vi) Surveillance of suspected dealers.

(vii) Engaging experienced counsel for fighting spurious drug cases.

(viii) Cooperation of pharmaceutical industry by regular interaction with them.

(IX) Collection of survey samples under National Survey Quality Evaluation of Drugs (NSQED) programme.

II The Union Minister of Health and Family Welfare had written on Oct. 8, 2002 to all the Chief Ministers seeking their personal intervention to ensure that adequate measures are taken in each State to deal with this problem. Union Minister of Health and Family Welfare also convened a meeting of the Health Ministers and senior officials of 13 major States of the country on 12-11-2002 to discuss measures to ensure concerted action required to check movement of spurious drugs in the country and to involve all stakeholders, including pharma industry, to curb the menace of manufacture and marketing of spurious/fake medicines.

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in. Union Ministry of Health and Family Welfare constituted a Committee under the Chairmanship of DGHS to examine the extent of problem and suggest remedial measures. Committee report has been submitted alongwith its recommendation in July, 2002. A copy of the report of the Committee constituted by the Government of India to examine the issues concerning availability of spurious drugs in the market and measures recommended thereof have been sent to all the State Drugs Controllers for their implementation.

IV Government of India has set up an expert committee on January 27, 2003 under the Chairmanship of Dr. R A. Mashalkar, DG, CSIR, Secretary to Govt, of India to look into the various issues related to Drugs Control Administration including the matter of effectively tackling the problem of spurious drugs.

V Central Government have taken steps to augment the drugs testing facilities of State laboratories. Strengthening information system through computer networking is also under implementation.

(c) and (d) Under the provisions of Drugs and Cosmetics Act, 1940 and rules thereunder, the responsibility for regulating manufacture and sale of drugs including monitoring their quality is vested with the State Government. Union Minister of Health and Family Welfare had written on Oct. 8,2002 to Hon'ble Chief Minister of J&K seeking his personal intervention to ensure that adequate measures are taken in his State to vigorously pursue the strategies needed to preclude any possibility of menace of spurious drugs. Dengue cases in Karnataka 4515. DR. VIJAY MALLYA: Will the Minister OF HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government are aware of a number of Dengue cases reported in Bangalore last year;

(b) if so, the details of its incidences in the State of Karnataka during the last three years;

(c) whether the disease which was formerly restricted to urban areas is now being reported in semi-urban and rural parts of the States also, due to change in water storage practices, intermittent water supply and migration;

(d) whether any assistance is being provided under Dengue Control Programme; and

(e) if so, the details thereof?